IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

Petitioner		Department of Justice				
Street Address (including Apt.)			□New Castle County 820 N. French Street Wilmington, DE 19801			l Action No.
P.O. Box Number			□Kent County 102 W. Water Street Dover, DE 19904			ve Blank – Court will assign)
City/State/Zip Code	City/State/Zip Code			reet 9947		EXPUNGEMENT ORDER
Date of Birth						DENIED – NO
Telephone Number						HEARING
Attorney Name (if any)						
Interpreter Needed?	l Yes □ No					
	he below referen	ced	case(s), and c		charges rel	agency records and court ated to that case(s), be Court
Criminal Case #				Date		
to the Petition to th	e Court; and					and provided its response and the Petitioner's repl
						e following reasons: that case(s), is not eligible
			-			nformation relating to the ot cause manifest injustice
DATE			HIDIOLAI	OFFICER'S SIGN	ATUDE	